



The Lewin Group  
3130 Fairview Park Dr.  
Suite 800  
Falls Church, VA 22042

Date

Name

Address 1

City, State, Zip Code

Dear Dr. X,

The Lewin Group has been commissioned to provide technical assistance to the California Industrial Medical Council by conducting a survey to determine the relative physician work involved in providing Evaluation and Management (E/M) services to injured workers. The purpose of this project is to determine whether the physician work component in the E/M Current Procedural Terminology (CPT) service category of the California Workers' Compensation Official Medical Fee Schedule (OMFS) adequately reflects the resources used in providing services to injured workers. The stimulus for this project is California's proposal to adopt a resource-based relative value scale (RBRVS) for the OMFS.

Under a resource-based payment system (such as the Medicare RBRVS), as opposed to a charge-based system, services are paid for based upon the relative resources used in the provision of the service. The three factors that are taken into account in setting relative values are the following: physician work, practice expenses (i.e., physician practice overhead) and malpractice expenses.

To achieve our objective, we are seeking your assistance in completing the attached survey. The study results will provide a valuable resource for establishing an Official Medical Fee Schedule that accurately reflects physician work values for treating injured workers.

Your participation in this process by completing the attached survey is critical. The survey instrument asks for the identical information for each of the sampled codes. You will find that once you have completed the first code, the remaining ones will go very quickly. If you wish to discuss any issues related to the survey, please call Maria Consunji, MD, MHS or Joan DaVanzo, PhD at 1-877-822-2647. If you do not treat injured workers, please complete and return the background sheet, which is the first page of the survey packet.



Thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Allen D. Lee". The signature is fluid and cursive, with a long horizontal stroke at the end.

Senior Vice President  
The Lewin Group



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***A Study of the Relative Physician Work Content of  
Evaluation and Management Services for  
Injured Workers in the State of California***

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Thank you for agreeing to participate in this survey which will be used to better understand the physician work involved in providing **E/M services to injured workers in California**.

A self-addressed mailer is provided for your convenience. **We would appreciate your returning the survey by April 5, 2002.** *Before you start the work survey, we would appreciate it if you would answer the following questions.*

<b>Physician Name:</b>	
<b>Business Name:</b>	
<b>Business Address:</b>	
<b>City, State, Zip:</b>	
<b>Business Phone Number:</b>	
<b>Business Fax Number:</b>	
<b>Email Address:</b>	
<b>Physician Specialty:</b>	
<b># of Years in Practice:</b>	
<b># of Years in Workers' Compensation Practice:</b>	
<b>Geographic Location of Practice:</b>	<i>Rural</i> ___ <i>Suburban</i> ___ <i>Urban</i> ___
<b>Primary Type of Practice:</b>	<i>Solo</i> ___ <i>Single Specialty Group</i> ___ <i>Multi-specialty Group</i> ___ <i>Medical School Faculty Practice</i> ___ <i>Other</i> ___
<b>Percent of practice devoted to treating injured workers:</b>	
<b>Percent of practice devoted to treating non workers' compensation patients (e.g., Medicare, Group Health, Managed Care):</b>	
<b>Percent of practice devoted to other activities:</b>	



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## INTRODUCTION

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The purpose of this survey is to estimate the amount of physician work required in the provision of evaluation and management (E/M) services to injured workers relative to E/M services provided to other patients.

Magnitude estimation is the method used by the American Medical Association Specialty RVS Update Committee (AMA/RUC) survey process to obtain assessments of physician work and its dimensions. Under this methodology, survey participants are asked to estimate the amount of work required to perform a particular service by comparing it to the work required for a set of reference services. In this survey, respondents are being asked to evaluate the **actual** physician work involved in providing E/M services to an injured worker in the **California** workers' compensation system in relation to a reference service, which is the same service/code provided to a non-workers' compensation patient. The reference values that will be used for comparison come from the RBRVS.

A **systematic three-stage process** is used in this survey to obtain work relative value unit (RVU)<sup>1</sup> estimates.

**Step 1 – Work Component Valuation:** The survey participant determines the extent to which **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients. The purpose of the various scales you see in this step is to help you convert your intuitive feelings about physician work into a quantifiable estimate relative to a reference code.

**Step 2 – Initial Magnitude Estimation:** The survey participant estimates the initial work RVU, based on the different component values previously estimated. RVUs for non-workers' compensation patients, taken from the RBRVS, are provided as references. The survey participant then plots the initial work RVU estimate along a continuum of reference services (services provided to patients who have not been injured on the job).

**Step 3 –Final Magnitude Estimation:** The survey participant, synthesizing the work RVU estimates in Steps 1 and 2, and using his or her best judgement, determines a final work RVU for the surveyed code.

A sample of E/M codes was selected by a Technical Advisory Panel<sup>2</sup> to represent the full range of E/M services provided to injured workers. In this survey, you are asked to evaluate these twenty sample E/M codes.

According to the AMA/RUC, “**physician work**” includes the following elements:

- Physician time it takes to perform the service.
- Physician mental effort and judgement.
- Physician technical skill and physical effort, and
- Physician psychological stress that occurs when an adverse outcome has serious consequences.

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<sup>1</sup> In a resource based relative value payment system, such as Medicare, physician payments are based on relative value units (RVUs) that reflect the relative resources required to perform a service. Each service that is reimbursed has three RVUs assigned to it: physician work, practice expense and malpractice. Payments for services are determined based on calculations involving these RVUs.

<sup>2</sup> The Technical Advisory Panel is composed of selected individuals representing a variety of clinical specialties that also have expertise in physician payment issues.



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## ***SURVEY INSTRUMENT***

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“Physician work” does **not** include the services provided by support staff who are employed by physician practices, including registered nurses, licensed practical nurses, medical secretaries, receptionists, and technicians. These services are included in the practice expense RVUs, a different component of the resource-based relative value scale.

**NOTE: When you evaluate the work required in providing services to an injured worker, you should assume that the claim has been accepted by the employer/insurance company. For all reference services, you should assume that the service is not for a workers’ compensation patient. Services billed under the Medical-Legal Fee Schedule are not included in the survey.**

**The following services are coded and reimbursed separately from the E/M codes in the Official Medical Fee Schedule (OMFS) and should not be included your responses:**

- 99080 - Primary Treating Physician's Permanent and Stationary Report; Report of Disability Status (RU90) where employee is released to pre-injury occupation; Consultation reports
- 99081 - Primary Treating Physician's Progress Report (PR 2) when in accordance with 8 CCR section 9785; Primary Treating Physician's Final Discharge Report
- 99048 - Telephone call with employer or appropriate agency in excess of 15 minutes
- 99086 - Reproduction of chart notes
- 99087 - Reproduction of duplicate reports

**Interpreter services should not be included in your responses, as modifier 93 (Interpreter required at the Time of Examination) is typically used for those situations.**

***Each*** E/M service being evaluated is indicated in a text box along with its corresponding descriptor and several typical patient profiles (i.e., vignettes<sup>3</sup>).

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<sup>3</sup> A vignette represents a typical patient for a particular service being rated. All vignettes were selected from the 2001 CPT Manual or developed by the Technical Advisory Panel (TAP).



## THE FIRST CODE TO BE SURVEYED IS 99201.

1. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** 99201

**CPT Descriptor:** Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components:

- a problem focused history;
- a problem focused examination; and
- straightforward medical decision making.

Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

#### Typical Patient:

- ☐ Initial office visit for evaluation and management for a 22-year-old with severe rash and itching for last 24 hours with possible history of exposure to poison oak 48 hours prior to visit.
- ☐ Initial office visit for evaluation and management of a contusion to a finger.
- ☐ Initial office visit for a 30 year old for the determination of visual acuity.
- ☐ Initial office visit for a 45 year old patient with alveolar osteitis for repacking.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.  
If the last box is checked, please provide a brief description of your typical patient for this code.

For your information, a table of selected E/M reference services (Appendix A) along with their CPT descriptors has been provided. The “Work RVU” column presents current Medicare RBRVS physician work relative value units (RVUs).

### STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.



**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

SITE OF SERVICE	PRE-SERVICE	INTRA-SERVICE	POST-SERVICE
<b>Office/Outpatient</b>	Includes services provided before the service and may include preparing to see the patient, reviewing records, and communicating with other professionals.	Includes services provided while you are with the patient and/or family. This includes the time in which the physician obtains the history, performs an evaluation, and counsels the patient.	Services provided after the service and may include arranging for further services, reviewing the results of studies, and communicating further with the patient, family, and other professionals which includes written and telephone reports.
<b>Inpatient/ Nursing Facility</b>	Includes services that are not performed on the patient's hospital unit or floor, including: communications with other professionals and the patient's family; obtaining and/or reviewing the results of diagnostic tests and other studies; and written telephone reports.	Includes the services provided while physicians are present on the patient's hospital unit or floor, including: reviewing the patient's chart, seeing the patient, writing notes, and communicating with other professionals and the patient's family.	Includes services that are not provided on the patient's hospital unit or floor, including: communicating further with other professionals and the patient's family, obtaining and/or reviewing the results of diagnostic and other studies, and written and telephone reports.

How much of ***your own time*** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 10 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
<b>Service Characteristic</b>	<b>99201</b>	<b>99201</b>
<b>Pre-Service Time</b>		
<b>Intra-Service Time</b>		
<b>Post-Service Time</b>		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

(**Example:** A lengthy procedure that is simple except for a few moments of extreme intensity is probably less work than one of equal length during which a fairly high level of intensity is maintained throughout.)

	Injured Workers	Non-Workers' Compensation Patients
<b>Service Characteristic</b>	<b>99201</b>	<b>99201</b>
<b>Pre-Service</b>	1 2 3 4 5	1 2 3 4 5
<b>Intra-Service</b>	1 2 3 4 5	1 2 3 4 5
<b>Post-Service</b>	1 2 3 4 5	1 2 3 4 5



In addition to time, other components of physician work include: mental effort and judgement; technical skill; physical effort; and psychological stress. Definitions of these terms are presented below<sup>4</sup>.

- **Mental effort and judgement** describes the amount of clinical data that needs to be considered, the fund of knowledge required, the range of possible decisions, the number of factors considered in making a decision, and the degree of complexity of the interaction of these factors.
- **Technical skill** describes the amount of knowledge, training, and actual experience necessary to perform the service.
- **Physical effort** can be compared by dividing services into tasks and making a direct comparison of the tasks. In making the comparison, it is necessary to show that the differences in physical effort are **not reflected accurately by differences in the time involved**; if they are, considerations of physical effort amount to double counting of work in the service.
- **Psychological stress** is the pressure involved when the outcome is heavily dependent upon skill and judgement and an adverse outcome has serious consequences. Another form of stress is related to unpleasant conditions connected with the work that are not affected by skill or judgement. These circumstances would include situations with high rates of mortality or morbidity regardless of the practitioner's skill or judgement, difficult patients or families, or physician physical discomfort. Of the two forms of stress, only the former is fully accepted as an aspect of work.

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99201	99201
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5
Physical effort required	1 2 3 4 5	1 2 3 4 5
<b>Psychological Stress</b>		
The risk of significant complications, morbidity and/or mortality	1 2 3 4 5	1 2 3 4 5

<sup>4</sup> Definitions are based on the AMA/Specialty Society RVS Update Committee (RUC) Physician Work RVS Update Survey.



Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5

## Step 2 – Initial Physician Work Magnitude Estimation

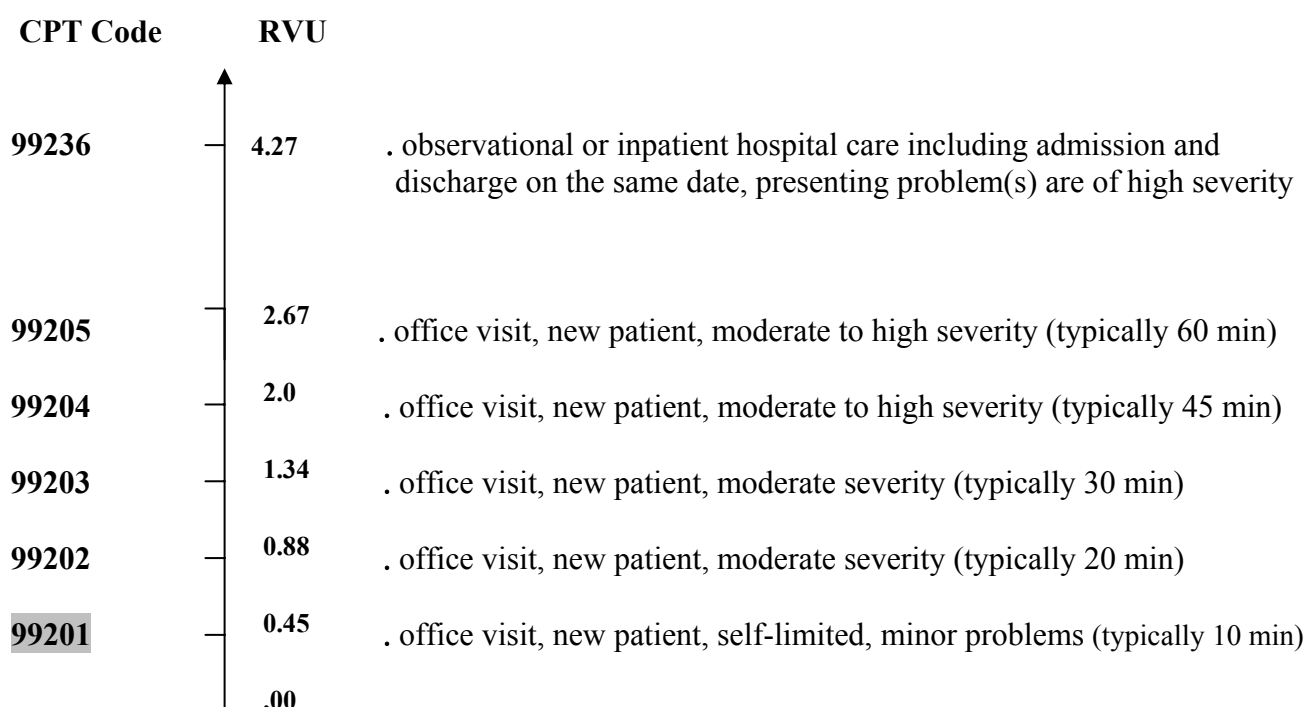
Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

	Injured Workers	Non-Workers' Compensation Patients
CPT Code	<b>99201</b>	99201
Initial Physician Work RVU		.45

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

## STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.





Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99201** to injured workers: \_\_\_\_\_ **99201** to Non-Workers' Comp patients: \_\_\_\_\_

## THE NEXT SURVEY CODE IS 99202.

2. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** **99202**

**CPT Descriptor:** Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components:

- an expanded problem focused history;
- an expanded problem focused examination; and
- straightforward medical decision making.

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

### Typical Patient:

- ☐ Initial office visit for a 30-year-old patient with a rash of the upper extremities which has been recurrent.
- ☐ Initial office evaluation and management of mild ankle strain in a 24-year-old male.
- ☐ Initial office evaluation of gradual hearing loss, 58-year-old male, history and physical examination, with interpretation of complete audiogram, air bone, etc.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.  
If the last box is checked, please provide a brief description of your typical patient for this code.



## STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of ***your own time*** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 20 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99202	99202
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99202	99202
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99202	99202
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5



Physical effort required	1	2	3	4	5	1	2	3	4	5
<b>Psychological Stress</b>										
The risk of significant complications, morbidity and/or mortality	1	2	3	4	5	1	2	3	4	5
Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5

## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

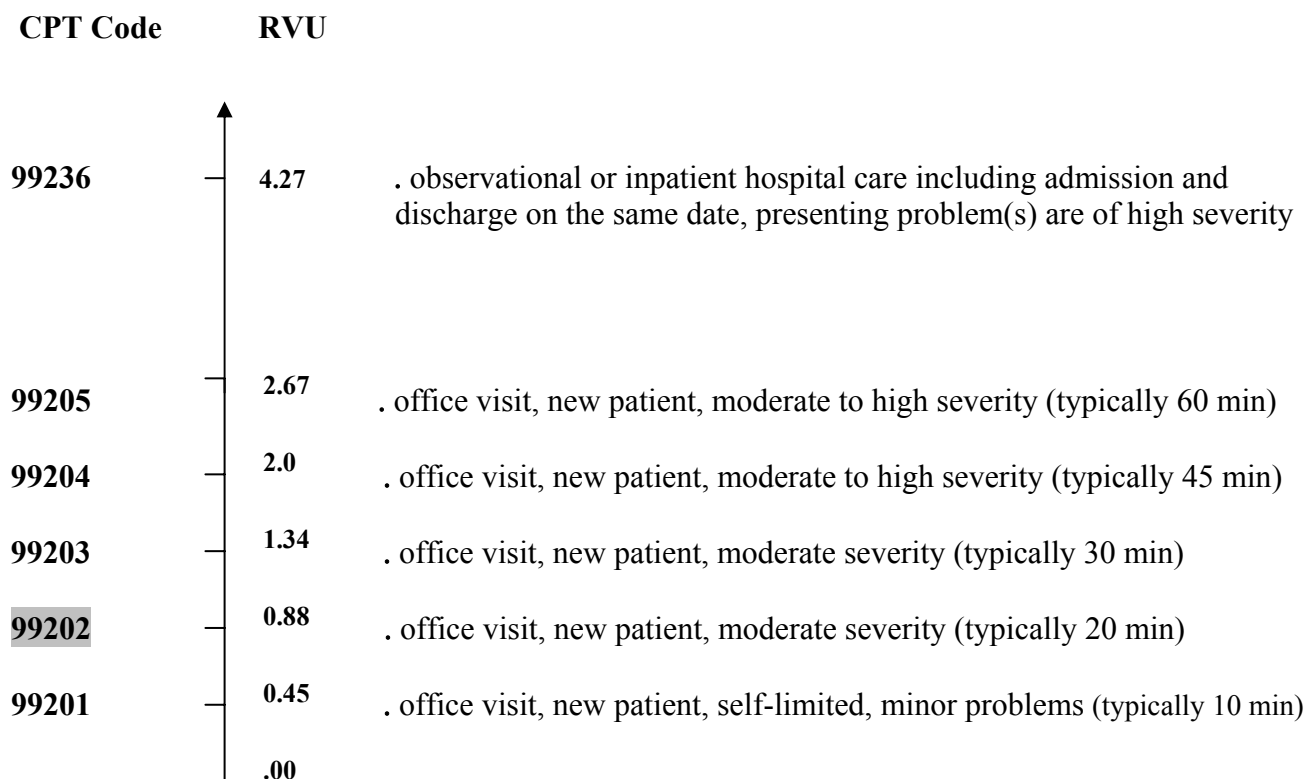
	<b>Injured Workers</b>	<b>Non-Workers' Compensation Patients</b>
CPT Code	<b>99202</b>	99202
Initial Physician Work RVU		.88

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.



### STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.



Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99202** to injured workers: \_\_\_\_\_ **99202** to Non-Workers’ Comp patients: \_\_\_\_\_



## THE NEXT SURVEY CODE IS 99203.

3. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** 99203

**CPT Descriptor:** Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components:

- a detailed history;
- a detailed examination; and
- medical decision making of low complexity.

Usually, the presenting problems are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

#### Typical Patient:

- ☐ Initial office visit, 53 year old laborer with degenerative joint disease of the knee. No prior treatment.
- ☐ Initial office visit, 35 year old male, slip and fall, back pain without radicular involvement.
- ☐ Initial office visit 24 year old female with foreign body sensation in right eye.
- ☐ Initial office visit, 25 year old male, altercation resulting in progressive jaw pain.
- ☐ Initial office visit, 45 year old female typist with hand numbness and paresthesias.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.

If the last box is checked, please provide a brief description of your typical patient for this code.

### STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of ***your own time*** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?



The AMA CPT Code assigns typically 30 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	<b>Injured Workers</b> <b>99203</b>	<b>Non-Workers' Compensation Patients</b> <b>99203</b>
<b>Service Characteristic</b>		
<b>Pre-Service Time</b>		
<b>Intra-Service Time</b>		
<b>Post-Service Time</b>		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	<b>Injured Workers</b> <b>99203</b>	<b>Non-Workers' Compensation Patients</b> <b>99203</b>
<b>Service Characteristic</b>		
<b>Pre-Service</b>	1 2 3 4 5	1 2 3 4 5
<b>Intra-Service</b>	1 2 3 4 5	1 2 3 4 5
<b>Post-Service</b>	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	<b>Injured Workers</b> <b>99203</b>	<b>Non-Workers' Compensation Patients</b> <b>99203</b>
<b>Service Characteristic</b>		
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5
Physical effort required	1 2 3 4 5	1 2 3 4 5
<b>Psychological Stress</b>		
The risk of significant complications, morbidity and/or mortality	1 2 3 4 5	1 2 3 4 5
Outcome depends on skill and judgment of physician	1 2 3 4 5	1 2 3 4 5
Estimated risk of malpractice suit with poor outcome	1 2 3 4 5	1 2 3 4 5



## Step 2 – Initial Physician Work Magnitude Estimation

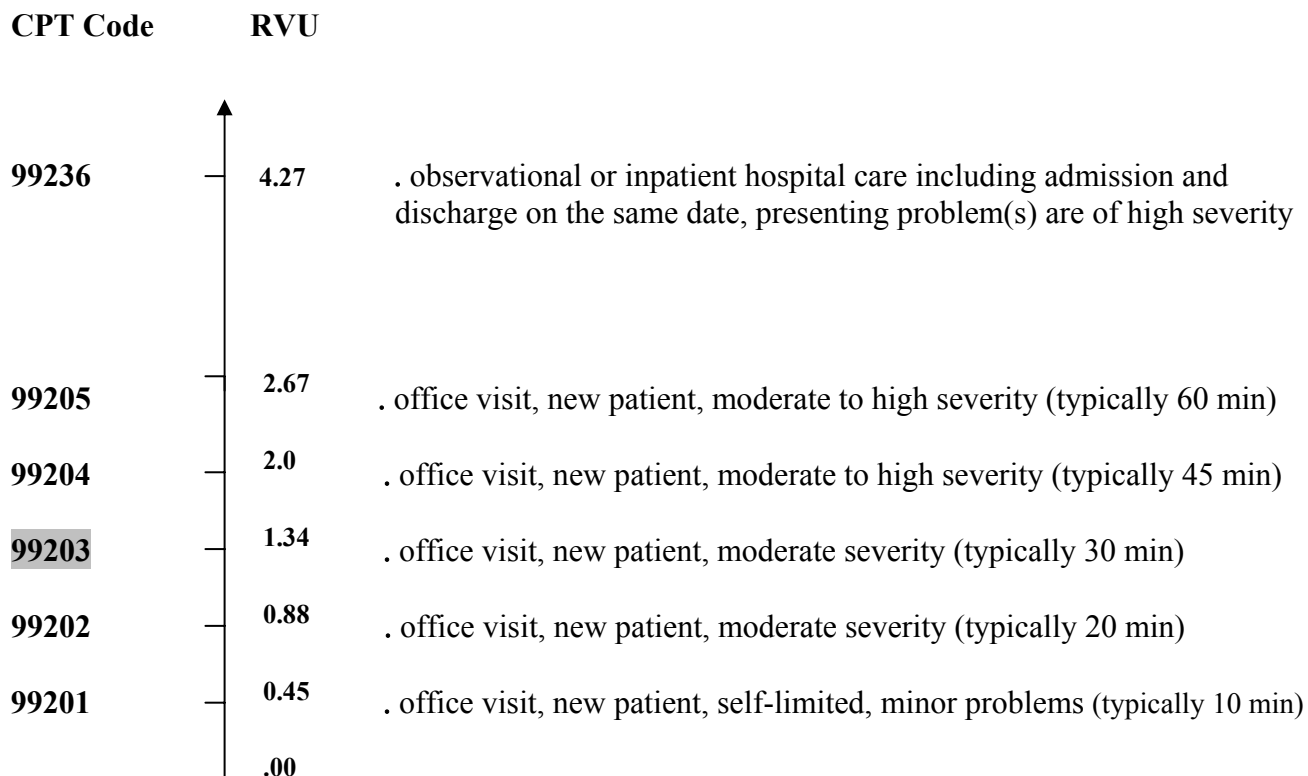
Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

	Injured Workers	Non-Workers' Compensation Patients
CPT Code	<b>99203</b>	<b>99203</b>
Initial Physician Work RVU		<b>1.34</b>

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

## STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.





Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99203** to injured workers: \_\_\_\_\_ **99203** to Non-Workers' Comp patients: \_\_\_\_\_

## THE NEXT SURVEY CODE IS 99204.

4. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** **99204**

**CPT Descriptor:** Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components:

- a comprehensive history;
- a comprehensive examination; and
- medical decision making of moderate complexity.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

#### Typical Patient:

- ☐ Initial office visit for evaluation and management of a 45 year old male who has been abstinent from ethanol and benzodiazepines for 3 months who complains of headaches, anxiety, and insomnia.
- ☐ Initial evaluation of a 45 year old male with chest pain on exertion.
- ☐ Initial evaluation of a 35 year old female with neck and radicular pain or low back and radicular pain.
- ☐ Initial evaluation of 50 year old machinist with a generalized eruption.
- ☐ Initial evaluation of a 60 year old female with temporal headache, jaw and neck pain.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.

If the last box is checked, please provide a brief description of your typical patient for this code.



The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of **your own time** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 45 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99204	99204
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99204	99204
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99204	99204
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5



<b>Technical Skill/Physical Effort</b>										
Technical skill required	1	2	3	4	5	1	2	3	4	5
Physical effort required	1	2	3	4	5	1	2	3	4	5
<b>Psychological Stress</b>										
The risk of significant complications, morbidity and/or mortality	1	2	3	4	5	1	2	3	4	5
Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5

## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

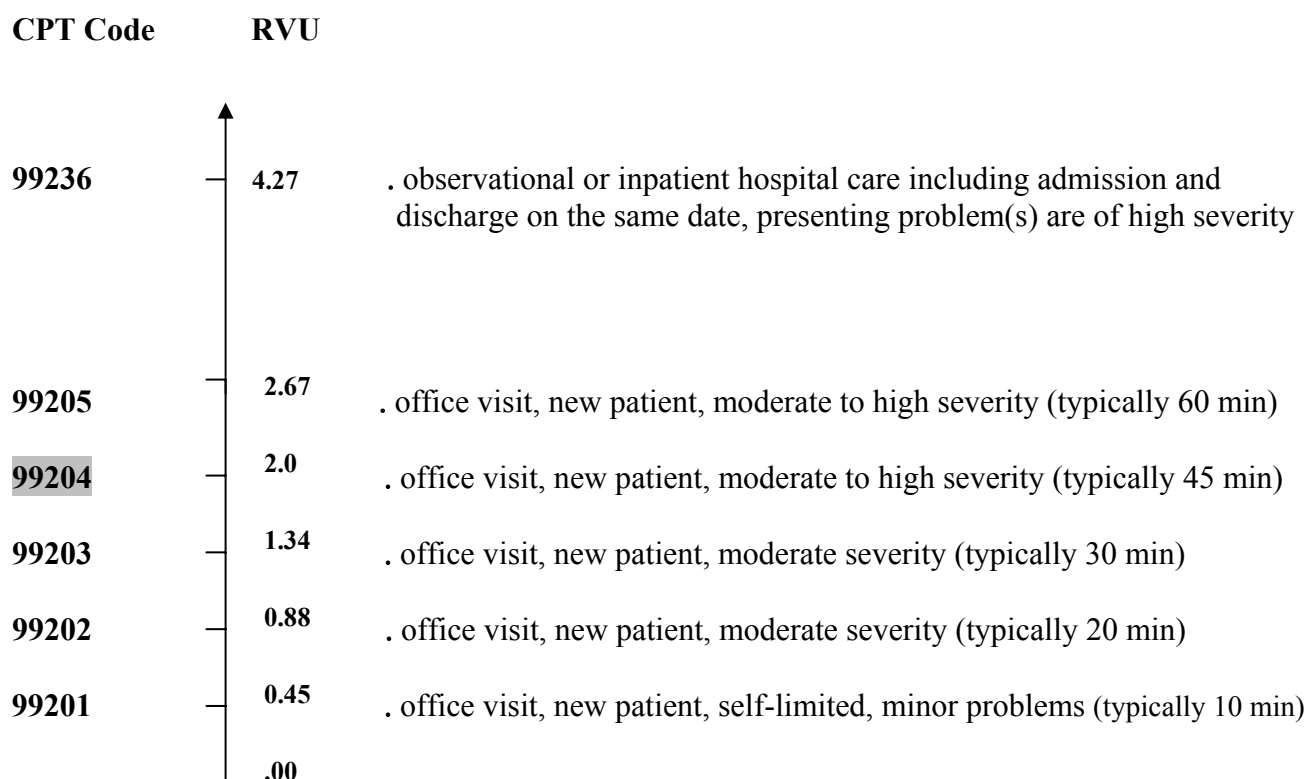
	<b>Injured Workers</b>	<b>Non-Workers' Compensation Patients</b>
CPT Code	<b>99204</b>	<b>99204</b>
Initial Physician Work RVU		<b>2.00</b>

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.



### STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.



Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99204** to injured workers: \_\_\_\_\_ **99204** to Non-Workers’ Comp patients: \_\_\_\_\_



## THE NEXT SURVEY CODE IS 99205.

5. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

E/M Service
<b>Code:</b> 99205
<b>CPT Descriptor:</b> Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components. <ul style="list-style-type: none"><li>• a comprehensive history;</li><li>• a comprehensive examination; and</li><li>• medical decision making of high complexity.</li></ul>
Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
<b>Typical Patient:</b>
<input type="checkbox"/> Initial office visit for a 42 year old male on hypertensive medicine, newly arrived to the area, with diastolic BP of 110, with new onset shortness of breath, episodic wheezing and intermittent cough.
<input type="checkbox"/> Initial office visit for a 60 year old diabetic patient with progressive visual field loss, advanced optic disc cupping and neovascularization of the retina.
<input type="checkbox"/> Initial office visit for a 49 year old female with a history of headaches and dependence on opioids. She reports weight loss, progressive headache, and depression.
<input type="checkbox"/> Initial office visit for a 25 year old female with a recent fall from a ladder with moderate injuries to ankle and back.
<input type="checkbox"/> Initial office visit for a 30 year old convenience store clerk who has been assaulted and battered with lacerations, and acute panic.
<input type="checkbox"/> I do bill this code, but none of these vignettes are reflective of my typical patient. If the last box is checked, please provide a brief description of your typical patient for this code.

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)



How much of ***your own time*** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 60 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99205	99205
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99205	99205
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99205	99205
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5
Physical effort required	1 2 3 4 5	1 2 3 4 5
<b>Psychological Stress</b>		
The risk of significant complications, morbidity and/or mortality	1 2 3 4 5	1 2 3 4 5
Outcome depends on skill and judgment of physician	1 2 3 4 5	1 2 3 4 5
Estimated risk of malpractice suit with poor outcome	1 2 3 4 5	1 2 3 4 5



## Step 2 – Initial Physician Work Magnitude Estimation

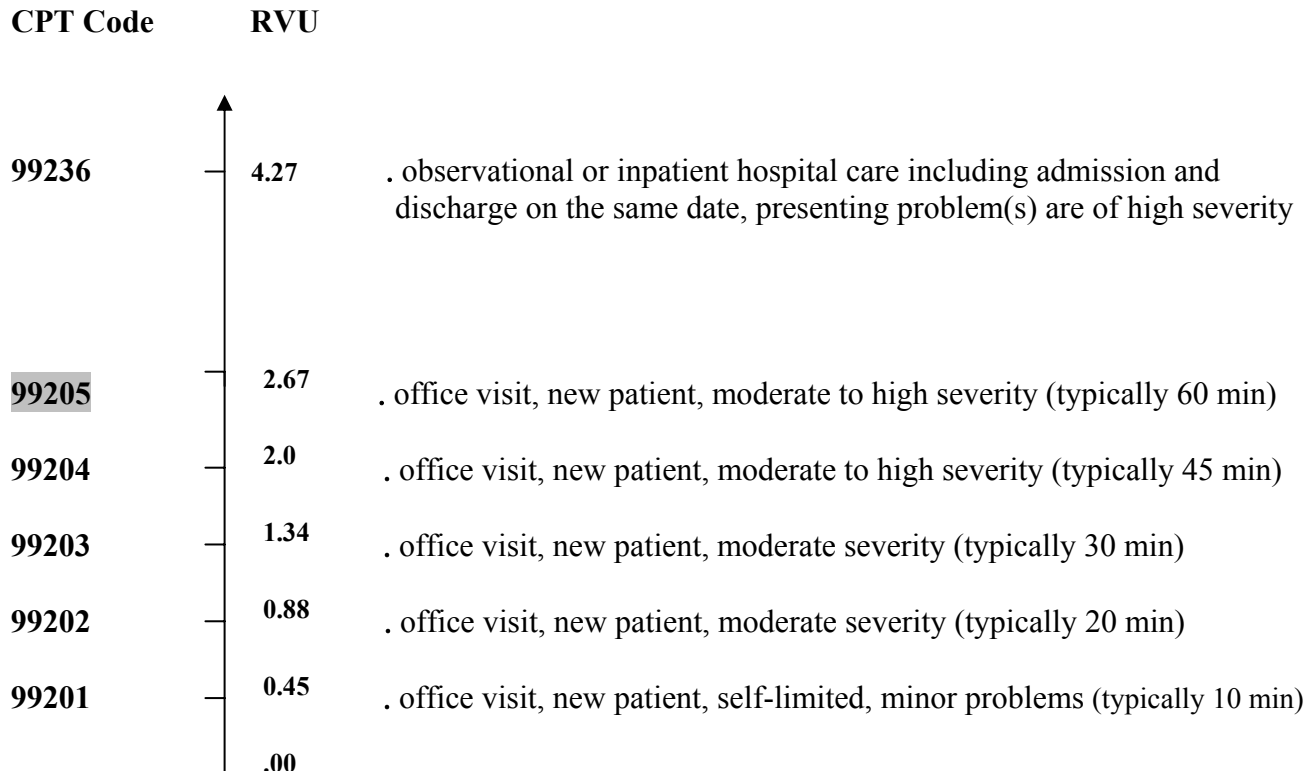
Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

	Injured Workers	Non-Workers' Compensation Patients
CPT Code	<b>99205</b>	<b>99205</b>
Initial Physician Work RVU		<b>2.67</b>

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

## STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.





Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99205** to injured workers: \_\_\_\_\_ **99205** to Non-Workers' Comp patients: \_\_\_\_\_

## THE NEXT SURVEY CODE IS 99212.

6. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** **99212**

**CPT Descriptor:** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- a problem focused history
- a problem focused examination
- straightforward medical decision making.

Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face to face with the patient and/or family.

#### Typical Patient:

- ☐ Office visit, 53 year old female, established patient, 3 week follow-up for resolving mild to moderate ankle sprain.
- ☐ Office visit, 40 year old female, established patient follow-up one week resolved recurrent torticollis.
- ☐ Office visit, 35 year old male established patient, follow-up visit resolved inguinal strain.
- ☐ Office visit, 25 year old female established patient, follow-up resolved chemical burn of cornea and conjunctiva.
- ☐ Office visit, 36 year old male, established patient, for the follow-up on effectiveness of medicine management of oral candidiasis.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.  
If the last box is checked, please provide a brief description of your typical patient for this code.



## STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of **your own time** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 10 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99212	99212
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99212	99212
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99212	99212
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5



Urgency of medical decision making	1	2	3	4	5	1	2	3	4	5
<b>Technical Skill/Physical Effort</b>										
Technical skill required	1	2	3	4	5	1	2	3	4	5
Physical effort required	1	2	3	4	5	1	2	3	4	5
<b>Psychological Stress</b>										
The risk of significant complications, morbidity and/or mortality	1	2	3	4	5	1	2	3	4	5
Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5

## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

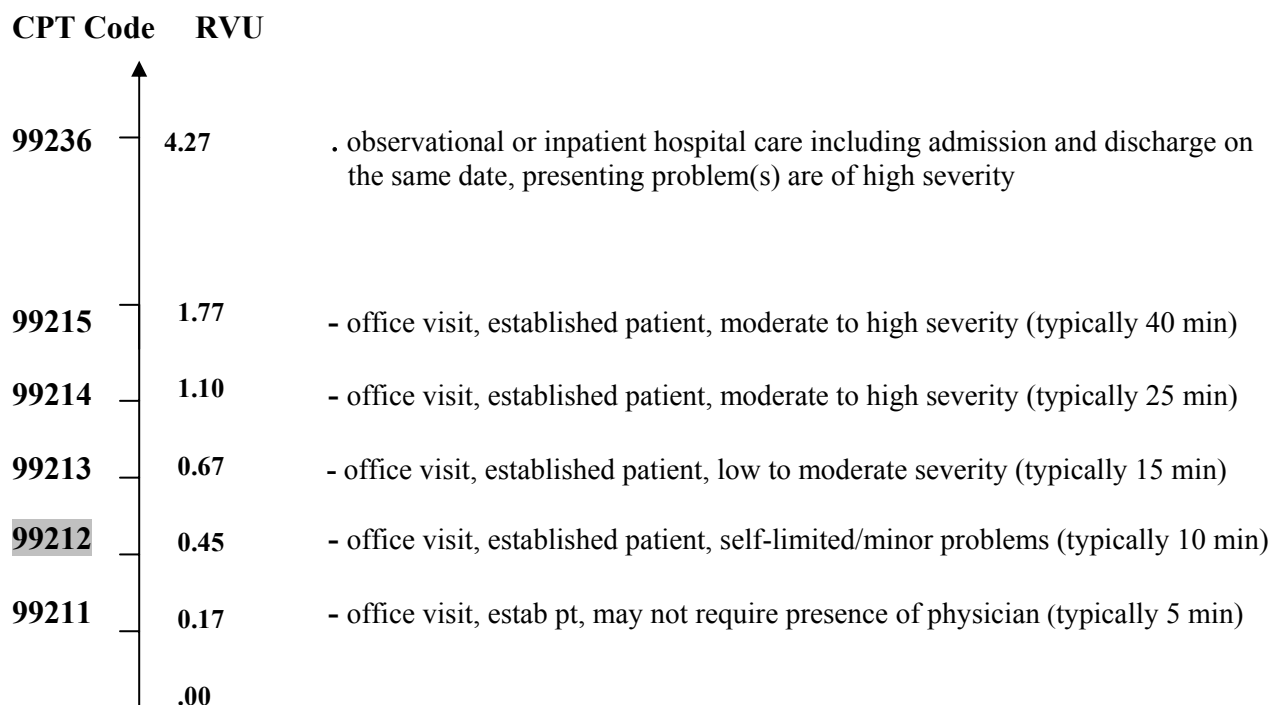
	<b>Injured Workers</b>	<b>Non-Workers’ Compensation Patients</b>
CPT Code	<b>99212</b>	<b>99212</b>
Initial Physician Work RVU		<b>0.45</b>

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.



### STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.



Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99212** to injured workers: \_\_\_\_\_ **99212** to Non-Workers’ Comp patients: \_\_\_\_\_



## THE NEXT SURVEY CODE IS 99213.

7. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

E/M Service	
<b>Code:</b>	<b>99213</b>
<b>CPT Descriptor:</b> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components:	
<ul style="list-style-type: none"><li>• an expanded problem focused history;</li><li>• and expanded problem focused examination;</li><li>• medical decision making of low complexity.</li></ul>	
Usually, the presenting problems are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
<b>Typical Patient:</b>	
<ul style="list-style-type: none"><li><input type="checkbox"/> Office visit for routine follow-up of a 48 year old female established patient with migraine variant having infrequent intermittent, moderate to severe headache with nausea and vomiting which are sometimes effectively managed by spinal manipulations / adjustments, but occasionally requiring visits to an acupuncturist.</li><li><input type="checkbox"/> Office visit for the quarterly follow-up of a 45 year old male with stable chronic asthma requiring regular drug therapy.</li><li><input type="checkbox"/> Office visit for the an established patient for 18 months post-operative follow-up of TMJ repair.</li><li><input type="checkbox"/> Office visit for a 20 year old male, established patient, for removal of sutures in hand.</li><li><input type="checkbox"/> Office visit for a 58 year old female, established patient, with unilateral painful bunion.</li><li><input type="checkbox"/> Office visit for the quarterly follow-up of a 63 year old male, established patient, with chronic myofascial pain syndrome, effectively managed by doxepin, who presents with new onset urinary hesitancy.</li><li><input type="checkbox"/> Office visit for an established patient after discharge from a pain rehabilitation program to review and adjust medication dosage.</li><li><input type="checkbox"/> I do bill this code, but none of these vignettes are reflective of my typical patient. If the last box is checked, please provide a brief description of your typical patient for this code.</li></ul>	

### STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of ***your own time*** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?



The AMA CPT Code assigns typically 15 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99213	99213
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99213	99213
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99213	99213
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5
Physical effort required	1 2 3 4 5	1 2 3 4 5
<b>Psychological Stress</b>		
The risk of significant complications, morbidity and/or mortality	1 2 3 4 5	1 2 3 4 5
Outcome depends on skill and judgment of physician	1 2 3 4 5	1 2 3 4 5
Estimated risk of malpractice suit with poor outcome	1 2 3 4 5	1 2 3 4 5



## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

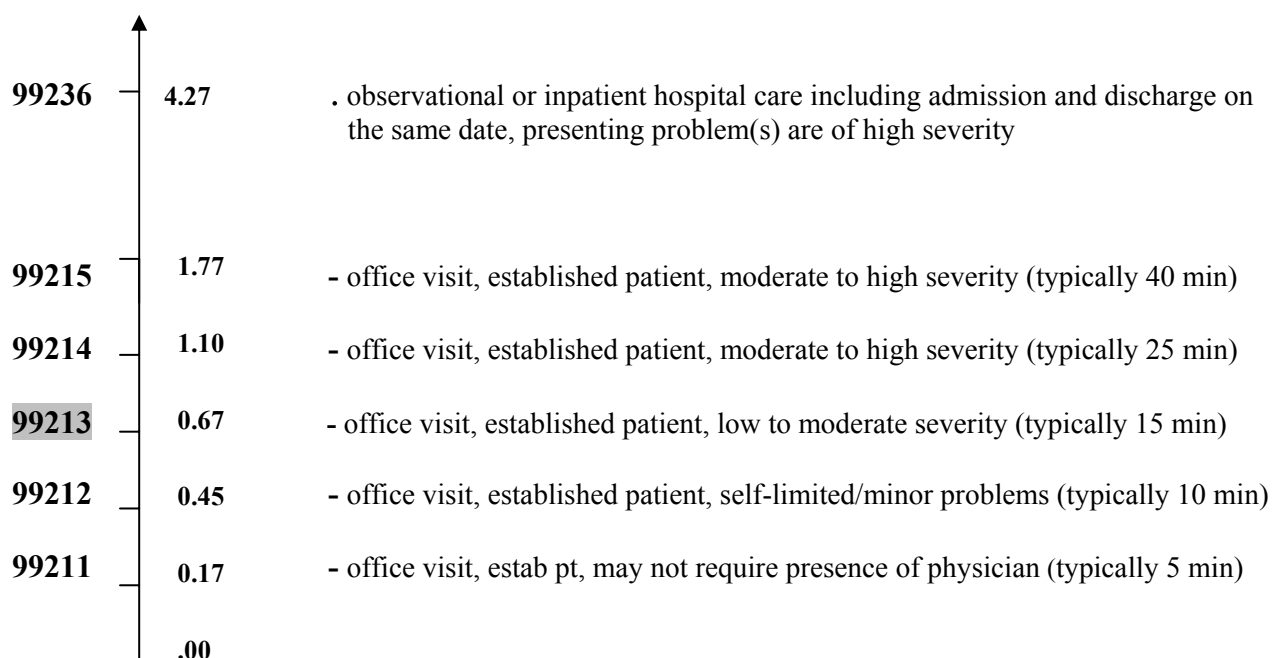
	Injured Workers	Non-Workers' Compensation Patients
CPT Code	<b>99213</b>	<b>99213</b>
Initial Physician Work RVU		<b>0.67</b>

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

## STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

### CPT Code    RVU





Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

***FINAL ESTIMATED WORK RVU:***

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99213** to injured workers: \_\_\_\_\_ **99213** to Non-Workers' Comp patients: \_\_\_\_\_



## THE NEXT SURVEY CODE IS 99214.

8. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** 99214

**CPT Descriptor:** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- a detailed history;
- a detailed examination;
- medical decision making of moderate complexity.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

#### Typical Patient:

- ☐ Office visit for a 40 year old female established patient who is experiencing increased symptoms while on a pain management treatment program.
- ☐ Office visit for a 50 year old male established patient, two years after removal of subdural hematoma who presents with new headaches and visual disturbances.
- ☐ Office visit for a 25 year old female, established patient, following recent arthrogram and MR imaging for TMJ pain.
- ☐ Office visit for a 45 year old male, established patient, four months follow-up of an L4 - 5 discectomy with persistent incapacitating low back and leg pain.
- ☐ Office visit for a 50 year old male, established patient, several year history of depression that has responded to medication and brief psychotherapy. Psychotherapy and prescription provided.
- ☐ Office visit for a 35 year old male established patient with neck injury developing upper extremity radicular involvement following care.
- ☐ Office visit for a 42 year old established patient with persistent neck and back pain seeking complementary / alternative medical treatment.
- ☐ Office visit for a 55 year old male, established patient, with increasing night pain, limp and progressive varus of both knees.
- ☐ Office visit for a 58 year old male, established patient, with the sudden onset of multiple flashes and floaters in the right eye due to a posterior vitreous detachment.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.

If the last box is checked, please provide a brief description of your typical patient for this code.

### STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of **your own time** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?



The AMA CPT Code assigns typically 25 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99214	99214
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99214	99214
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99214	99214
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5
Physical effort required	1 2 3 4 5	1 2 3 4 5
<b>Psychological Stress</b>		
The risk of significant complications, morbidity and/or mortality	1 2 3 4 5	1 2 3 4 5
Outcome depends on skill and judgment of physician	1 2 3 4 5	1 2 3 4 5
Estimated risk of malpractice suit with poor outcome	1 2 3 4 5	1 2 3 4 5



## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

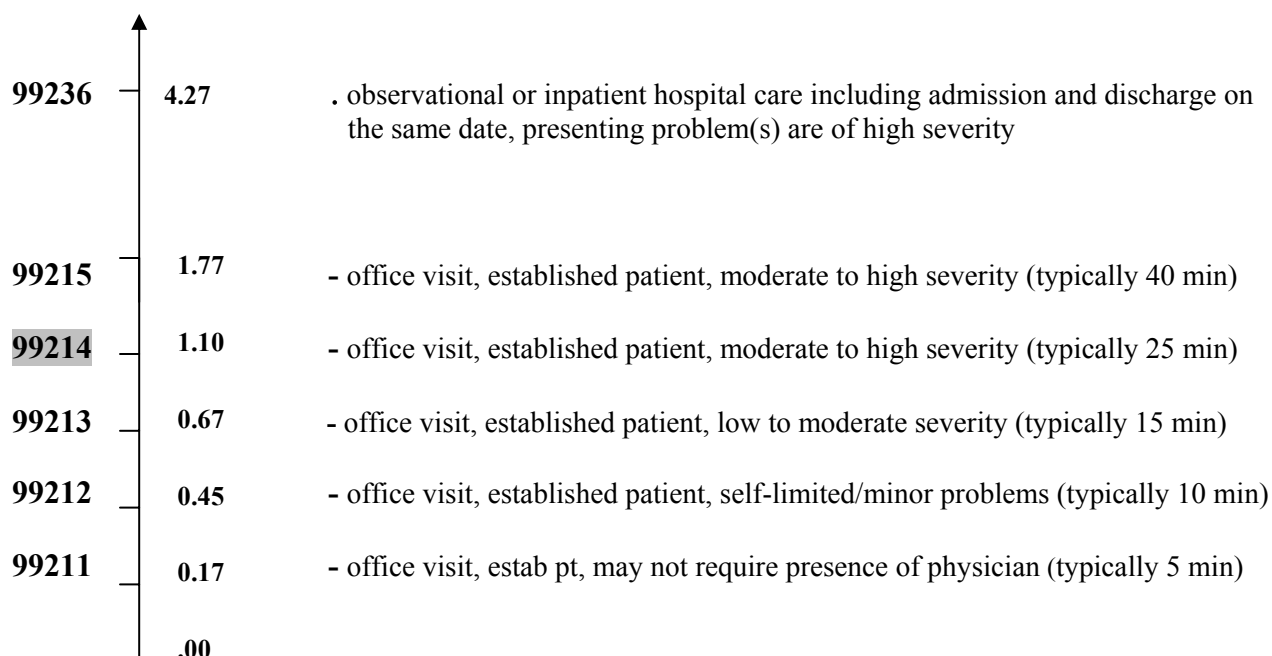
	Injured Workers	Non-Workers' Compensation Patients
CPT Code	<b>99214</b>	<b>99214</b>
Initial Physician Work RVU		<b>1.10</b>

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

## STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

### CPT Code RVU





Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99214** to injured workers: \_\_\_\_\_ **99214** to Non-Workers' Comp patients: \_\_\_\_\_

## THE NEXT SURVEY CODE IS 99215.

9. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** **99215**

**CPT Descriptor:** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- a comprehensive history;
- a comprehensive examination;
- medical decision making of high complexity.

Usually, the presenting problems are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

#### Typical Patient:

- ☐ Office visit, established 43 year old male with persistent severe reflex sympathetic dystrophy.
- ☐ Office visit, established 50 year old female post closed head injury with persistent headache and dizziness.
- ☐ Office visit, established patient, 35 year old female, assault and battery victim with suicidal ideation.
- ☐ Office visit, established 64 year patient, chronic knee injury, developing low back pain with pain radiating into non-injured lower extremity.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.  
If the last box is checked, please provide a brief description of your typical patient for this code.



## STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of ***your own time*** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 40 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99215	99215
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99215	99215
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99215	99215
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5



Urgency of medical decision making	1	2	3	4	5	1	2	3	4	5
<b>Technical Skill/Physical Effort</b>										
Technical skill required	1	2	3	4	5	1	2	3	4	5
Physical effort required	1	2	3	4	5	1	2	3	4	5
<b>Psychological Stress</b>										
The risk of significant complications, morbidity and/or mortality	1	2	3	4	5	1	2	3	4	5
Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5

## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

	<b>Injured Workers</b>	<b>Non-Workers’ Compensation Patients</b>
CPT Code	<b>99215</b>	<b>99215</b>
Initial Physician Work RVU		<b>1.77</b>

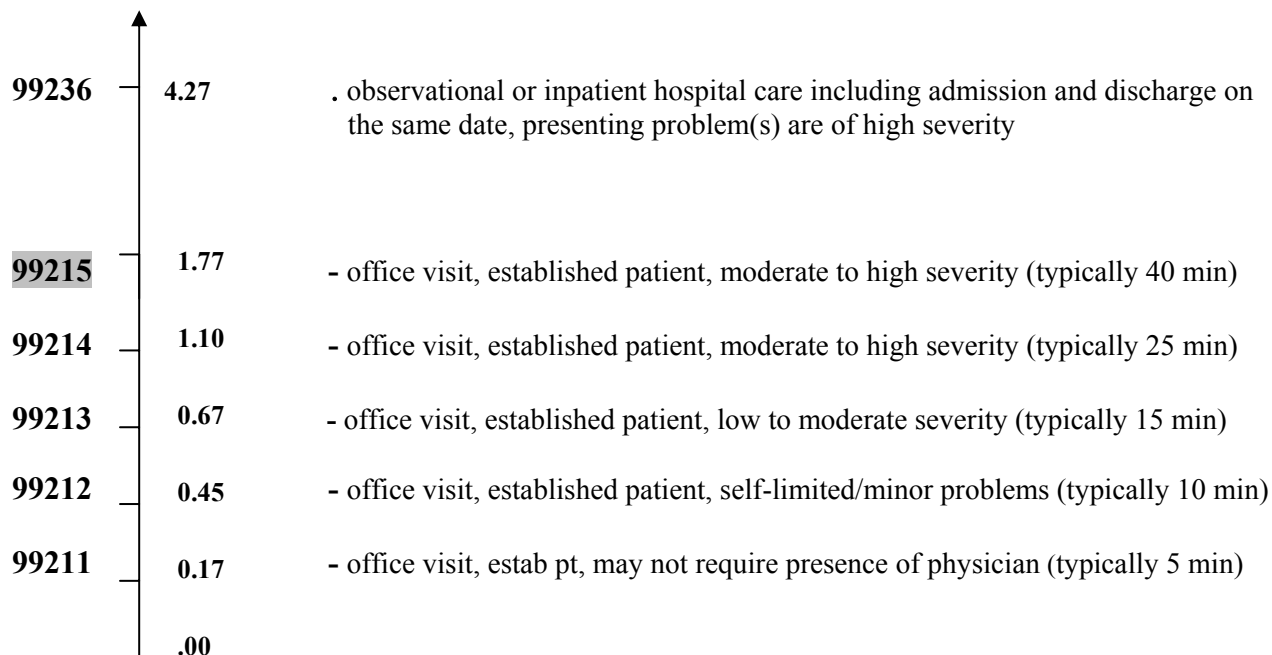
If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.



### STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

#### CPT Code    RVU



Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99215** to injured workers: \_\_\_\_\_ **99215** to Non-Workers’ Comp patients: \_\_\_\_\_



## THE NEXT SURVEY CODE IS 99222.

10. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** 99222

**CPT Descriptor:** Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components.

- a comprehensive history;
- a comprehensive examination;
- medical decision making of moderate complexity.

Usually, the presenting problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.

#### Typical Patient:

- ☐ Initial hospital visit for a young adult with chronic bronchitis presenting with acute respiratory distress unresponsive to outpatient therapy.
- ☐ Initial hospital visit of a 40 year old male with submaxillary cellulitis and trismus from an infected molar.
- ☐ Initial hospital visit for generalized atopic dermatitis and secondary infection for a 19 year old male.
- ☐ Initial hospital visit for a 42 year old male with uncomplicated vertebral compression fracture one level.
- ☐ Partial hospital admission for a 30 year old patient, transferred from inpatient setting, for continued treatment to control symptomatic expressions of hostility and depression.
- ☐ Initial hospital evaluation of a 23 year old allergy patient admitted with eyelid edema on fifth day of oral antibiotic therapy.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.  
If the last box is checked, please provide a brief description of your typical patient for this code.

### STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of **your own time** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?



The AMA CPT Code assigns typically 50 minutes at the bedside and on the patient's hospital floor or unit for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99222	99222
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99222	99222
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99222	99222
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5
Physical effort required	1 2 3 4 5	1 2 3 4 5
<b>Psychological Stress</b>		
The risk of significant complications, morbidity and/or mortality	1 2 3 4 5	1 2 3 4 5
Outcome depends on skill and judgment of physician	1 2 3 4 5	1 2 3 4 5
Estimated risk of malpractice suit with poor outcome	1 2 3 4 5	1 2 3 4 5



## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

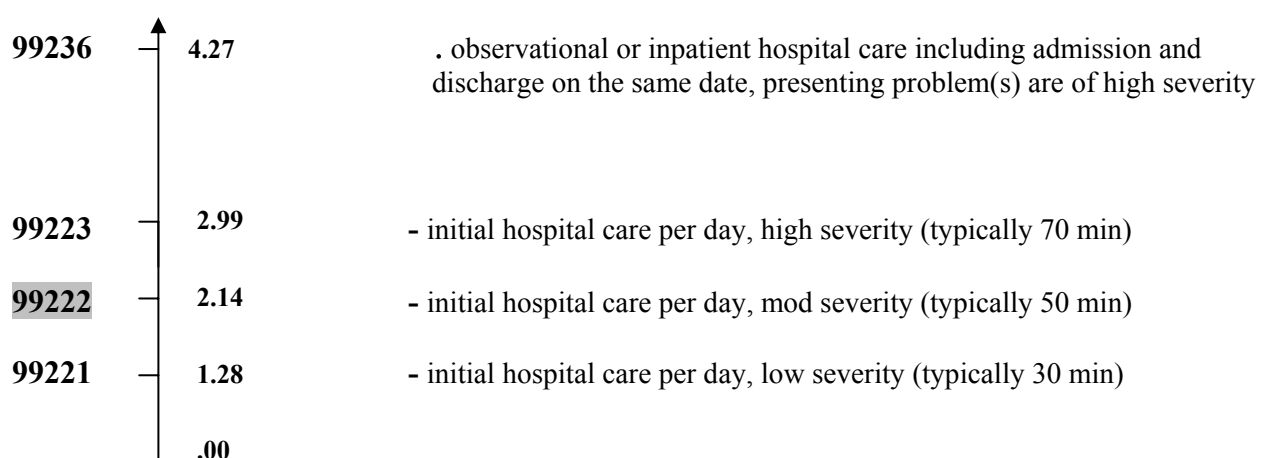
	Injured Workers	Non-Workers' Compensation Patients
CPT Code	<b>99222</b>	<b>99222</b>
Initial Physician Work RVU		<b>2.14</b>

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

## STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

### CPT Code    RVU





Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99222** to injured workers: \_\_\_\_\_ **99222** to Non-Workers' Comp patients: \_\_\_\_\_

## THE NEXT SURVEY CODE IS 99232.

11. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** **99232**

**CPT Descriptor:** Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components.

- an expanded problem focused interval history;
- an expanded problem focused examination; and
- medical decision making of moderate complexity.

Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.

#### Typical Patient:

- ☐ Subsequent hospital visit for a 50 year old patient with venous stasis ulcers who developed fever and red streaks adjacent to the ulcer.
  - ☐ Subsequent hospital visit for a 54 year old female admitted for myocardial infarction and who is now having frequent PVCs.
  - ☐ Subsequent hospital visit for a 65 year old diabetic hypertensive male with back pain not responding to conservative inpatient management with continued radiating pain into the lower left extremity.
  - ☐ Subsequent hospital visit for a patient after an automobile accident who is slow to respond to ambulation training.
  - ☐ Subsequent partial hospital visit for a 51 year old male with major depression that has stabilized but requires a review of medication.
  - ☐ Follow-up visit for a 32 year old patient admitted the previous day for corneal ulcer.
  - ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.
- If the last box is checked, please provide a brief description of your typical patient for this code.



## STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of ***your own time*** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 25 minutes at the bedside and on the patient's hospital floor or unit for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99232	99232
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99232	99232
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99232	99232
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5



Urgency of medical decision making	1	2	3	4	5	1	2	3	4	5
<b>Technical Skill/Physical Effort</b>										
Technical skill required	1	2	3	4	5	1	2	3	4	5
Physical effort required	1	2	3	4	5	1	2	3	4	5
<b>Psychological Stress</b>										
The risk of significant complications, morbidity and/or mortality	1	2	3	4	5	1	2	3	4	5
Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5

## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

	<b>Injured Workers</b>	<b>Non-Workers' Compensation Patients</b>
CPT Code	<b>99232</b>	<b>99232</b>
Initial Physician Work RVU		1.06

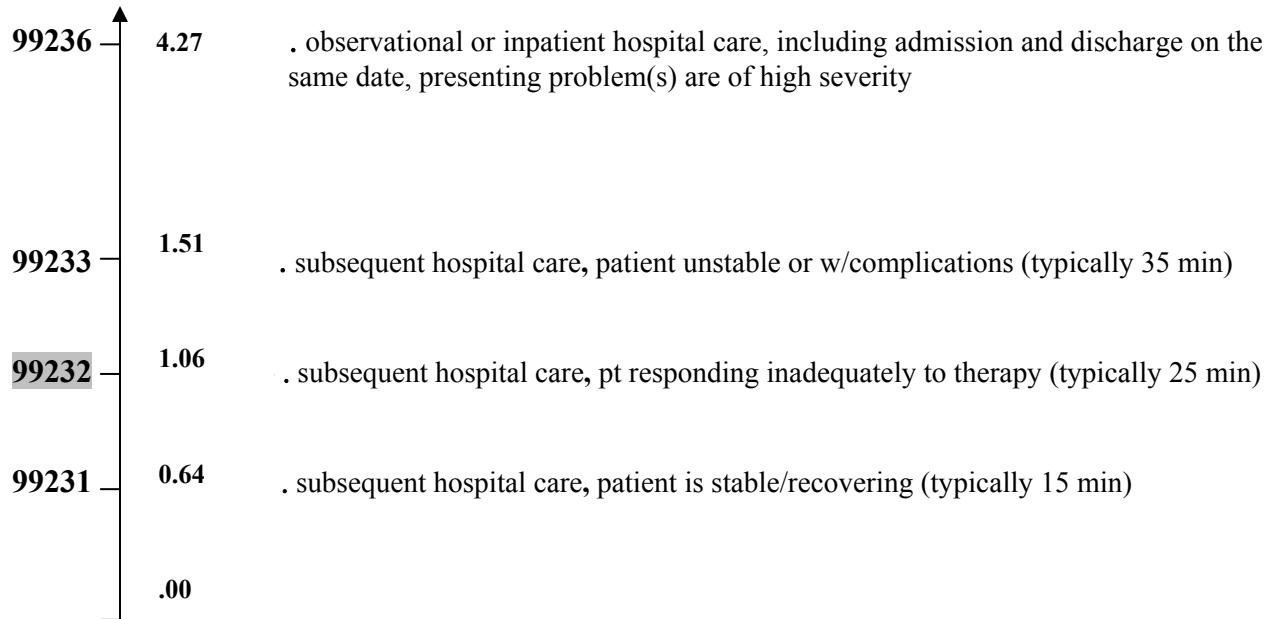
If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.



### STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

#### CPT Code RVU



Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99232** to injured workers: \_\_\_\_\_ **99232** to Non-Workers’ Comp patients: \_\_\_\_\_



## THE NEXT SURVEY CODE IS 99239.

12. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** 99239

**CPT Descriptor:** Hospital discharge day management, more than 30 minutes spent for final hospital discharge of a patient; Includes final examination, discussion, instructions, and preparation of records, prescriptions, and referral forms.

#### Typical Patient:

- ☐ Discharge of 50 year old male with chest pain with diagnosis of new onset angina.
- ☐ Discharge of 49 year old female with stroke resulting in right facial weakness and dysarthria.
- ☐ Discharge of newly diagnosed 40 year old diabetic male with right lower extremity cellulitis.
- ☐ Discharge of 23 year old female after suicide attempt by ingestion of Tylenol overdose.
- ☐ Discharge of a 65 year old female following total hip replacement surgery.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.  
If the last box is checked, please provide a brief description of your typical patient for this code.

### STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of ***your own time*** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns more than 30 minutes for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99239	99239
Pre-Service Time		
Intra-Service Time		
Post-Service Time		



Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	<b>Injured Workers</b>					<b>Non-Workers' Compensation Patients</b>				
<b>Service Characteristic</b>	<b>99239</b>					<b>99239</b>				
<b>Pre-Service</b>	1	2	3	4	5	1	2	3	4	5
<b>Intra-Service</b>	1	2	3	4	5	1	2	3	4	5
<b>Post-Service</b>	1	2	3	4	5	1	2	3	4	5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers					Non-Workers' Compensation Patients				
Service Characteristic	99239					99239				
Mental Effort and Judgement										
The range of possible diagnoses and/or management options that must be considered	1	2	3	4	5	1	2	3	4	5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1	2	3	4	5	1	2	3	4	5
Urgency of medical decision making	1	2	3	4	5	1	2	3	4	5
Technical Skill/Physical Effort										
Technical skill required	1	2	3	4	5	1	2	3	4	5
Physical effort required	1	2	3	4	5	1	2	3	4	5
Psychological Stress										
The risk of significant complications, morbidity and/or mortality	1	2	3	4	5	1	2	3	4	5
Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5

## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

	<b>Injured Workers</b>	<b>Non-Workers' Compensation Patients</b>
CPT Code	<b>99239</b>	<b>99239</b>
Initial Physician Work RVU		<b>1.75</b>

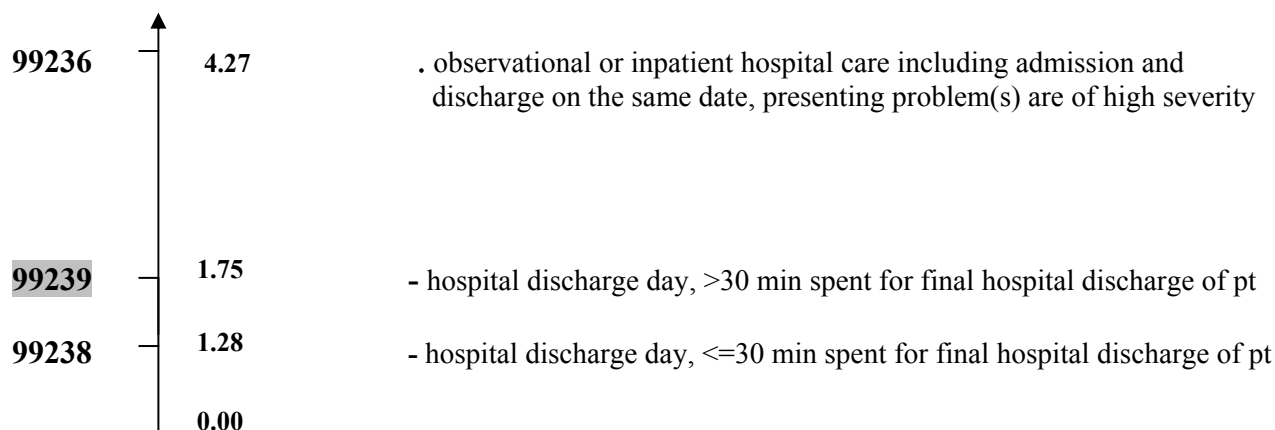


If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

### STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

**CPT Code    RVU**



Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99239** to injured workers: \_\_\_\_\_ **99239** to Non-Workers’ Comp patients: \_\_\_\_\_



## THE NEXT SURVEY CODE IS 99243.

13. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** 99243

**CPT Descriptor:** Office consultation for a new or established patient, which requires these three key components:

- a detailed history;
- a detailed examination;
- medical decision making of low complexity.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

#### Typical Patient:

- ☐ Office consultation 25 year old patient with symptomatic knee pain and swelling, with torn meniscus.
- ☐ Outpatient consultation for 63 year old female, with diminished vision following scarred cornea from an injury.
- ☐ Office consultation for 49 year old male with chest pain after lifting heavy object.
- ☐ Outpatient consultation for a 55 year old male regarding need for further care following shoulder surgery.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.

If the last box is checked, please provide a brief description of your typical patient for this code.

### STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of **your own time** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 40 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99243	99243
Pre-Service Time		
Intra-Service Time		
Post-Service Time		



Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	<b>Injured Workers</b>					<b>Non-Workers' Compensation Patients</b>				
<b>Service Characteristic</b>	<b>99243</b>					<b>99243</b>				
<b>Pre-Service</b>	1	2	3	4	5	1	2	3	4	5
<b>Intra-Service</b>	1	2	3	4	5	1	2	3	4	5
<b>Post-Service</b>	1	2	3	4	5	1	2	3	4	5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers					Non-Workers' Compensation Patients				
Service Characteristic	99243					99243				
Mental Effort and Judgement										
The range of possible diagnoses and/or management options that must be considered	1	2	3	4	5	1	2	3	4	5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1	2	3	4	5	1	2	3	4	5
Urgency of medical decision making	1	2	3	4	5	1	2	3	4	5
Technical Skill/Physical Effort										
Technical skill required	1	2	3	4	5	1	2	3	4	5
Physical effort required	1	2	3	4	5	1	2	3	4	5
Psychological Stress										
The risk of significant complications, morbidity and/or mortality	1	2	3	4	5	1	2	3	4	5
Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5



## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

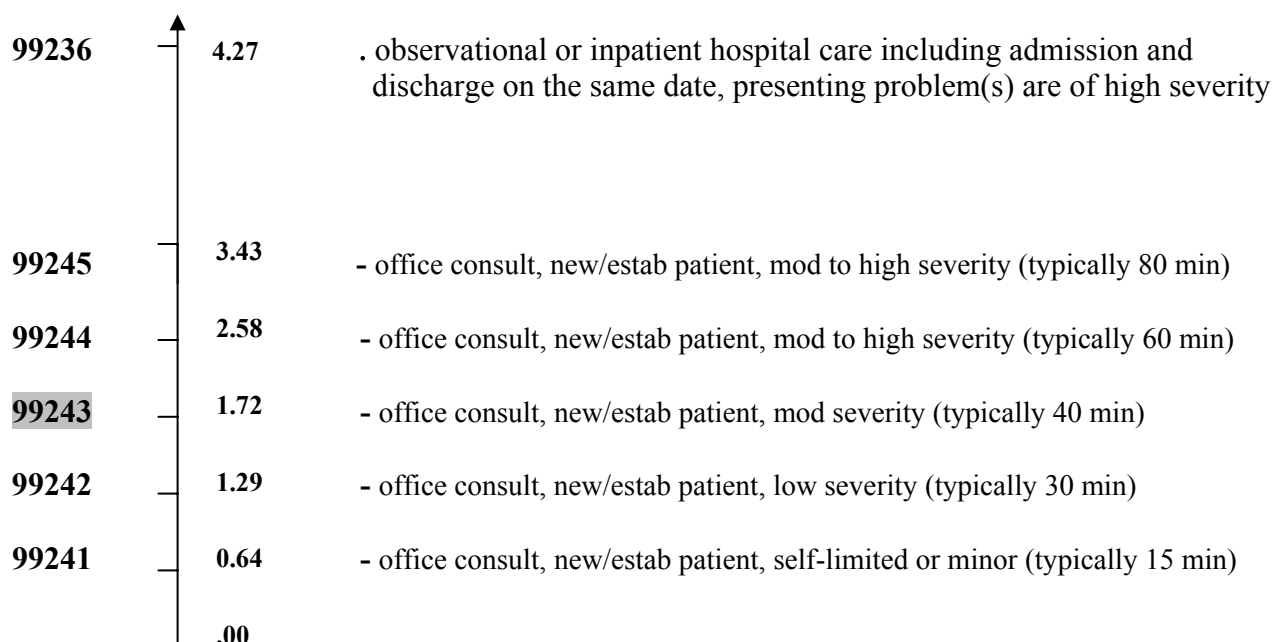
	Injured Workers	Non-Workers' Compensation Patients
CPT Code	<b>99243</b>	<b>99243</b>
Initial Physician Work RVU		<b>1.72</b>

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

## STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

### CPT Code RVU



Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer please decide if your initial estimate still reflects your best



judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99243** to injured workers: \_\_\_\_\_ **99243** to Non-Workers' Comp patients: \_\_\_\_\_

## THE NEXT SURVEY CODE IS 99244.

14. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** **99244**

**CPT Descriptor:** Office consultation for a new or established patient, which requires these three components:

- a comprehensive history;
- a comprehensive examination; and
- medical decision making or moderate complexity.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

#### Typical Patient:

- ☐ Initial office consultation for a 36 year old factory worker four months post back injury and requires management of constant low back pain.
- ☐ Initial office consultation for a 45 year old female with a history of chronic arthralgia of TMJ and associated myalgia and sudden progressive symptomatology over the last 2-3 months.
- ☐ Initial office consultation for a 24 year male who injured a knee in an altercation who is unable to sleep and presents with insomnia, nightmares, anxiety and palpitations.
- ☐ Initial office consultation for chronic bronchospasm secondary to caustic inhalation for a 40 year old male.
- ☐ Initial office consultation for a 26 year old male for reduced vision following blunt trauma.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.  
If the last box is checked, please provide a brief description of your typical patient for this code.

## STEP 1 – Physician Work Component Valuation



The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of **your own time** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?

The AMA CPT Code assigns typically 60 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99244	99244
Pre-Service Time		
Intra-Service Time		
Post-Service Time		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99244	99244
Pre-Service	1 2 3 4 5	1 2 3 4 5
Intra-Service	1 2 3 4 5	1 2 3 4 5
Post-Service	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	Injured Workers	Non-Workers' Compensation Patients
Service Characteristic	99244	99244
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5



Physical effort required	1	2	3	4	5	1	2	3	4	5
<b>Psychological Stress</b>										
The risk of significant complications, morbidity and/or mortality	1	2	3	4	5	1	2	3	4	5
Outcome depends on skill and judgment of physician	1	2	3	4	5	1	2	3	4	5
Estimated risk of malpractice suit with poor outcome	1	2	3	4	5	1	2	3	4	5

## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

	<b>Injured Workers</b>	<b>Non-Workers' Compensation Patients</b>
CPT Code	<b>99244</b>	<b>99244</b>
Initial Physician Work RVU		2.58

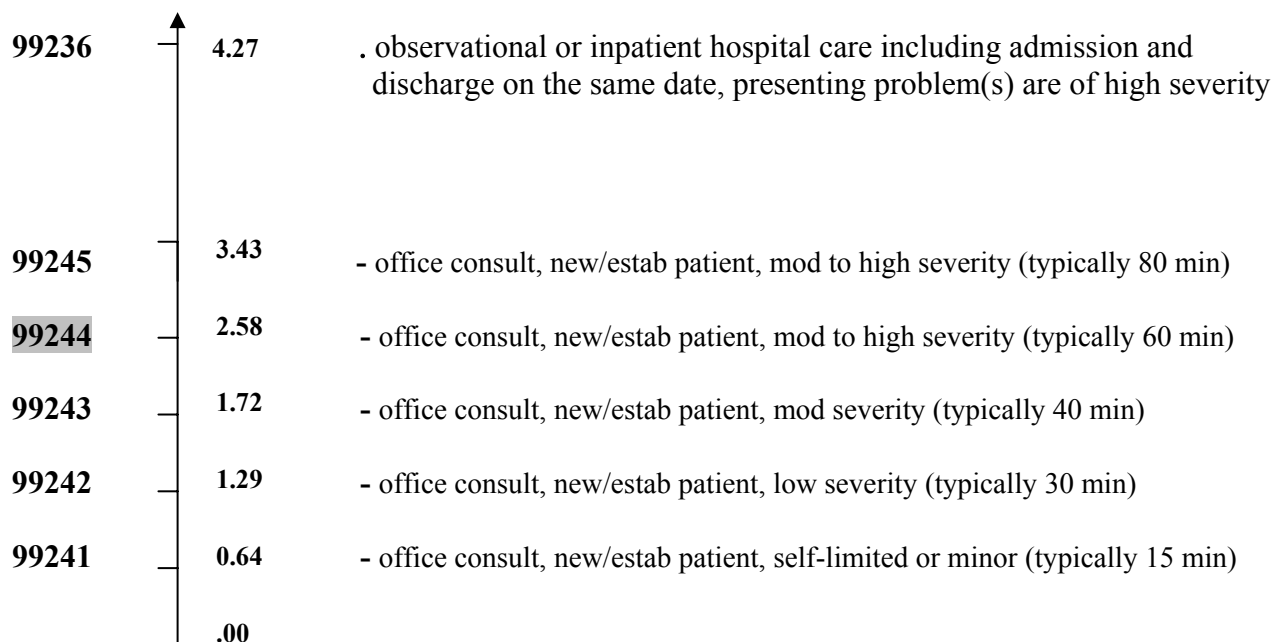
If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.



### STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

#### CPT Code    RVU



Having placed your initial estimate on the continuum of services within the family, please assess whether the value provided reflects your final estimate of the code being surveyed as it compares to the rest of the codes on the thermometer. After considering the placement of your initial estimate on the thermometer, please decide if your initial estimate still reflects your best judgement regarding the work involved in providing services to injured workers. If so, please repeat your initial estimate in the box below. If not, please revise your estimate and put it in the final box.

**FINAL ESTIMATED WORK RVU:**

Indicate the **approximate number of times** you have performed the following services in the **past year**.

**99244** to injured workers: \_\_\_\_\_ **99244** to Non-Workers’ Comp patients: \_\_\_\_\_



## THE NEXT SURVEY CODE IS 99245.

15. If you bill this code, choose the vignette that best reflects your typical patient, or provide your own vignette. If you do not bill this code, please go on to the next code.

### E/M Service

**Code:** 99245

**CPT Descriptor:** Office consultation for a new or established patient, which requires these three key components:

- a comprehensive history;
- a comprehensive examination; and
- medical decision making of high complexity.

Usually, the presenting problems are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.

#### Typical Patient:

- ☐ Outpatient consultation for a 35 year old multiple trauma male patient with complex pelvic fractures for evaluation and formulation of pain management.
- ☐ Office consultation for a 38 year old female with minor back injury, severe pain and complex psychopathological developmental issues.
- ☐ Outpatient consultation for a 65 year old male with a history of myocardial infarction and CHF who complains of the recent onset of resting angina and shortness of breath. The patient has a systolic BP of 90 mm Hg and is in Class IV heart failure.
- ☐ Emergency room consultation for a 25 year old male with a severe, acute, closed head injury.
- ☐ Outpatient consultation for a 50 year old male with chronic low back bilateral leg pain and radiculopathy.
- ☐ I do bill this code, but none of these vignettes are reflective of my typical patient.  
If the last box is checked, please provide a brief description of your typical patient for this code.

### STEP 1 – Physician Work Component Valuation

The objective is to determine the extent to which the **actual** work involved (broken down into components) in providing an E/M service to injured workers differs from that of providing an E/M service to other types of patients.

**Time** it takes to perform the service is divided into pre-service, intra-service and post-service periods. (Please take note of the **excluded services** indicated in page 3.)

How much of **your own time** is required in providing an E/M service to an injured worker as compared to a non-workers' compensation patient?



The AMA CPT Code assigns typically 80 minutes face-to-face time for this code. Please provide us with the six time estimates required below as reflected in your actual practice.

	<b>Injured Workers</b>	<b>Non-Workers' Compensation Patients</b>
<b>Service Characteristic</b>	<b>99245</b>	<b>99245</b>
<b>Pre-Service Time</b>		
<b>Intra-Service Time</b>		
<b>Post-Service Time</b>		

Rate the **Complexity/Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex). Note: Your initial first perception is likely your best estimate. The following questions ask for your perceptions, not mathematically accurate deliberations.

	<b>Injured Workers</b>	<b>Non-Workers' Compensation Patients</b>
<b>Service Characteristic</b>	<b>99245</b>	<b>99245</b>
<b>Pre-Service</b>	1 2 3 4 5	1 2 3 4 5
<b>Intra-Service</b>	1 2 3 4 5	1 2 3 4 5
<b>Post-Service</b>	1 2 3 4 5	1 2 3 4 5

Rate the **Intensity** of each component on a scale of 1 to 5 (1 = least complex, 5 = most complex).

	<b>Injured Workers</b>	<b>Non-Workers' Compensation Patients</b>
<b>Service Characteristic</b>	<b>99245</b>	<b>99245</b>
<b>Mental Effort and Judgement</b>		
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
<b>Technical Skill/Physical Effort</b>		
Technical skill required	1 2 3 4 5	1 2 3 4 5
Physical effort required	1 2 3 4 5	1 2 3 4 5
<b>Psychological Stress</b>		
The risk of significant complications, morbidity and/or mortality	1 2 3 4 5	1 2 3 4 5
Outcome depends on skill and judgment of physician	1 2 3 4 5	1 2 3 4 5
Estimated risk of malpractice suit with poor outcome	1 2 3 4 5	1 2 3 4 5



## Step 2 – Initial Physician Work Magnitude Estimation

Based on your Step 1 work component valuation, please provide your **initial estimate** of the Work RVU for the code being surveyed as applied to injured workers in relation to the reference service. Your estimate should be based upon your best judgement, using your answers to Step 1 in general as a guide.

	Injured Workers	Non-Workers' Compensation Patients
CPT Code	<b>99245</b>	<b>99245</b>
Initial Physician Work RVU		3.43

If the surveyed code involves the same amount of physician work as compared to the reference service, you would assign the same work RVU. If the surveyed code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the E/M service being evaluated “relative” to the work RVU of comparable and established reference services.

## STEP 3 – Final Physician Work Magnitude Estimation

**Plot** your initial estimate on the scaling “thermometer” below which reflects the family of E/M services (and their corresponding physician work RVUs) as applied to non-workers’ compensation patients.

### CPT Code RVU

**99236**      **4.27**      . observational or inpatient hospital care including admission and discharge on the same date, presenting problem(s) are of high severity

